

**SUPPLEMENTAL APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE**State Form 53668 (6-08), ETA 81A  
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

CONFIDENTIAL RECORD Pursuant to IC-22-4-19-6, IC 4-1-6

**FOR OFFICE USE**

Disaster NO.	LO NO.	Social Security Number

TYPE OF SELF-EMPLOYMENT ENGAGED IN (CHECK APPROPRIATE BOX):

- ☐
- FARMING
- 
- ☐
- BUSINESS
- 
- ☐
- PROFESSION

As A:

- ☐
- SOLE OWNER
- 
- ☐
- PARTNER

**YOU MUST SUBMIT WITH THIS APPLICATION YOUR MOST RECENT IRS FORM 1040**

Applicant's Name (Last, First, Middle)

Social Security Number:

Business Name and Address (Street Address, City, State, Zip Code)

**A. FARMING ACTIVITY**

IF YOU ARE A SELF-EMPLOYED FARMER, ANSWER THE QUESTIONS IN THIS PART AS WELL AS SECTION B.

1. WHAT IS THE SIZE OF YOUR FARM? \_\_\_\_\_ ACRES
2. IN THE FOLLOWING COLUMNS, LIST ALL FARM PRODUCTS RAISED AND HELD PRIMARILY FOR SALE AND FARM INCOME.

CROPS		LIVESTOCK		OTHER (SPECIFY)	
KIND	ACRES	KIND	QUANTITY	KIND	QUANTITY

**B. SELF-EMPLOYMENT INFORMATION**

ANSWER ALL QUESTIONS IN THIS PART. USE THE SPACE BELOW THE QUESTIONS TO EXPLAIN ANSWERS.

1. DESCRIBE THE NATURE OF YOUR SELF-EMPLOYMENT, AND INDICATE HOW LONG YOU HAVE BEEN PERFORMING IT.

2. DID THIS SELF-EMPLOYMENT REQUIRE ANY PART OF YOUR TIME IN THE PERFORMANCE OF SERVICES? (IF "NO", EXPLAIN)

☐ YES ☐ NO

3. WERE YOU PERFORMING ANY SERVICES IN CONNECTION WITH THIS SELF-EMPLOYMENT AT THE TIME OF THE DISASTER? (IF "NO", EXPLAIN WHY NOT. IF "YES", IDENTIFY THE SERVICES BEING PERFORMED)

☐ YES ☐ NO

4. DID THE DISASTER PREVENT YOU FROM PERFORMING ALL SERVICES IN CONNECTION WITH YOUR SELF-EMPLOYMENT? (IF "NO", IDENTIFY THE SERVICES BEING PERFORMED)

☐ YES ☐ NO

5. SINCE BECOMING UNEMPLOYED, HAVE YOU BEEN PERFORMING OR ABLE TO PERFORM ANY SERVICES IN RESTORING OR IMPROVING THE VALUE OR PROFIT-MAKING CAPABILITY OF YOUR SELF-EMPLOYMENT?

☐ YES ☐ NO

6. AT THE TIME OF THE DISASTER, WAS THIS SELF-EMPLOYMENT YOUR PRIMARY OCCUPATION AND PRIMARY MEANS OF LIVELIHOOD? (IF "NO", EXPLAIN)

☐ YES ☐ NO

7. DO YOU HAVE ANY OCCUPATION OTHER THAN THIS SELF-EMPLOYMENT? (IF "YES", COMPLETE THE INFORMATION REQUESTED)

☐ YES ☐ NO

OCCUPATION: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ GROSS EARNINGS PER WEEK: \_\_\_\_\_

EFFECT DISASTER HAD ON THIS OCCUPATION: \_\_\_\_\_

**C. SELF-EMPLOYMENT INFORMATION**

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT, AND THAT I HAVE SUPPLIED THE INFORMATION, VOLUNTARILY IN ORDER TO OBTAIN DISASTER UNEMPLOYMENT ASSISTANCE. I KNOW THAT FEDERAL FUNDS ARE PROVIDED AND THAT PENALTIES ARE PRESCRIBED BY LAW FOR WILLFUL MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACTS IN ORDER TO OBTAIN ASSISTANCE PAYMENTS TO WHICH I AM NOT ENTITLED TO RECEIVE UNDER THE ACT.

I HAVE READ THE STATEMENT REQUIRED UNDER THE PRIVACY ACT OF 1974 FOR USE IN THE DISASTER UNEMPLOYMENT ASSISTANCE PROGRAM.

SIGNATURE OF APPLICANT

DATE (MONTH/DAY/YEAR)